

Case Number:	CM13-0059515		
Date Assigned:	12/30/2013	Date of Injury:	01/18/2012
Decision Date:	03/26/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Expert Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Expert Reviewer is Licensed in Chiropractic Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The Expert Reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 43 year old male patient with chronic neck and low back pain, date of injury 01/18/2012. Previous treatments include chiropractic, medications, home interferential unit and heating pad, physical therapy and home exercise program. Progress report dated 08/28/2013 by [REDACTED] revealed increased in ROM and flexibility with decreased pain in left LE, L/s pain decreased, positive SLR to left calf, positive Yeoman's on the left, ROM with flexion 48, extension 18, right and left side bending are 20; diagnoses include C/s - Trap Sp/St with left UE radiculopathy, L/s Sp/St with left SI and left LE radiculopathy, degenerative disc disease; patient was to return to modified work on 08/28/2013 with no lifting over 20 lbs and no repetitive bending/stooping.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic sessions to the cervical, lumbar, left upper extremity and left lower extremity, twice per week for four weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: The Expert Reviewer's decision rationale: A review of the available medical records shown this patient has a home exercise program and he has had increased in ROM and flexibility with chiropractic treatment. The Chronic Pain Medical Treatment Guidelines recommend up to 18 chiropractic visits over 6-8 weeks with evidence of objective functional improvement. The records show that the patient has had 10 treatments already. Therefore, the request for chiropractic sessions to the cervical, lumbar, left upper extremity and left lower extremity, twice per week for four weeks, is medically necessary and appropriate.